

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 101

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No  
*But Assistance with wife in - Insufficient Space for 100% men*
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No  
*Except for the wife in Sardinia.*
3. How confident are you that your vote was accurately recorded

Very Confident

Somewhat Confident

Neutral

Somewhat Concerned

Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy

Somewhat Easy

Neutral

Somewhat Difficult

Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier

Somewhat Easier

About the Same

Somewhat More  
Difficult

Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*Further instructions on how to place Ballot in machine, The Slot has insufficient Space for the Slot. Would have been more private with a gap between the*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

*Orthopedic - Birth .  
Hearing . Hearing .*

8. What age group are you in?

☐ 18 – 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☐ 55 – 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☐ No *If so, which groups?*

10. How did you hear of this test?

Tim

# EXIT SURVEY

Voter number: 102

## About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☐ Yes ☒ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

N/A

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Very unaccessible for someone who can't hold a pen

## About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Quadriceps 15 yrs.

8. What age group are you in?

\_\_\_\_\_ 18 – 25 yrs of age

\_\_\_\_\_ 25 - 35 yrs of age

\_\_\_\_\_ 35 - 45 yrs of age

\_\_\_\_\_ 45 - 55 yrs of age

\_\_\_\_\_ 55 – 65 yrs of age

\_\_\_\_\_ over 65 yrs of age

9. Are you a member of any advocacy groups? \_\_\_\_Yes \_\_\_\_No *If so, which groups?*

10. How did you hear of this test?

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 103

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD BECAUSE TAPE WOULD ALLOW BALLOT TO SLIDE

Very Easy    Somewhat Easy    ☒ Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- MOVEMENT OF BALLOT
- INSTRUCTIONS WERE CONFUSING ON THE TAPE - A LOT OF INFORMATION.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

PARAPLEGIC FOR 15 YRS.

8. What age group are you in?

☐ 18 - 25 yrs of age

☒ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☐ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

FREE CENTER FOR INDEPENDANT LIVING  
SYSTEM CHANGE NETWORK

10. How did you hear of this test?

~~THRO~~ THROUGH VAAC.

**EXIT SURVEY**Voter number: 104About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☐ Yes ☒ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No

If "yes", Automark

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Legally blind - lifelong

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☒ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

*Staff with FREED Center for Independent Living*

10. How did you hear of this test?

*Systems Change Advocate @ Center*



Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 105

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ✓ Yes      No
2. Do you feel the Vote-PAD would allowed you to vote independently? ✓ Yes      No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult ~~was it to vote~~ with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment?      Yes ✓ No
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

The vote-Pad was great and I imagine that it would help others with more extreme hand impairments very well. The voting was extremely confident and independent.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

I have had cerebral palsy since 1 1/2 years old, for 14 years. It affects my ability to walk and my left arm.

8. What age group are you in?

- ☒ 18 - 25 yrs of age  
☐ 25 - 35 yrs of age  
☐ 35 - 45 yrs of age  
☐ 45 - 55 yrs of age  
☐ 55 - 65 yrs of age  
☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

Equal Access Team and a member of  
the Independent Living Centers. Also  
a member of Mobility  
International

10. How did you hear of this test?

from my place of work  
FREED Center for Independent  
Living

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 106

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☐ Yes ☒ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No

If "yes", AutoMark

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

My Hand is weaker  
Better than Plain Ballot

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Cerebral Palsy  
Injured at Birth

8. What age group are you in?

\_\_\_\_\_ 18 – 25 yrs of age

\_\_\_\_\_ 25 - 35 yrs of age

\_\_\_\_\_ 35 - 45 yrs of age

\_\_\_\_\_ 45 - 55 yrs of age

\_\_\_\_\_ 55 – 65 yrs of age

\_\_\_\_\_ over 65 yrs of age

9. Are you a member of any advocacy groups? \_\_\_\_ Yes \_\_\_\_ No *If so, which groups?*

10. How did you hear of this test?

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 107

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ✓Yes     No
2. Do you feel the Vote-PAD would allowed you to vote independently? ✓Yes     No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment?     Yes ✓No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Little more clear in the explanation. Explain how to use privacy cover specially in the first experience.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

2 Yrs Paraplegic

8. What age group are you in?

\_\_\_\_\_ 18 – 25 yrs of age

\_\_\_\_\_ 25 - 35 yrs of age

\_\_\_\_\_ 35 - 45 yrs of age

\_\_\_\_\_ 45 - 55 yrs of age

\_\_\_\_\_ 55 – 65 yrs of age

\_\_\_\_\_ over 65 yrs of age

9. Are you a member of any advocacy groups? \_\_\_\_Yes \_\_\_\_No *If so, which groups?*

10. How did you hear of this test?

Vote-PAD Certification Test  
EXIT SURVEY

Dunkley

Voter number: 108

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? Yes ☒ No  
*Now I'm exactly what I voted upon*
2. Do you feel the Vote-PAD would allowed you to vote independently? Yes ☒ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes No

If "yes", *Demonstrated Many. Automatic, HART, Diebold Systems, Avante, Sequoia*

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*Don't know how I voted I Don't know that I had Control  
No, No, Easy verification Method. The Template was confusing  
on the Middle Row. Format Changed. Need More  
consistency. Write in Template, Requires extreme Concentration  
and tactile ability especially Seniors & Paralytics.  
Spacing Close than average braille Not a Standard  
Braille Device. Not a Clue as to the ballot.*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

No End of Voting Verification

Standard format for Braille is a beep between contests  
ie 2 beeps for Contest 1 or 2 to allow you  
to get through the tape.

Congenital Blindness

8. What age group are you in?

☐ 18 – 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☐ 55 – 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☐ No *If so, which groups?*

10. How did you hear of this test?



Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 109

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? X Yes \_\_\_\_ No  
2. Do you feel the Vote-PAD would allowed you to vote independently? X Yes \_\_\_\_ No  
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? \_\_\_\_ Yes X No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- LITTLE CUTOUTS MADE THE BALLOT HARDER TO MARK.  
- REALLY HARD TO WRITE IN ~~THE~~ A NAME.  
- MOBILITY IMPAIRMENT ~~IS~~ NOT EASIER.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

JUVENILE RHEUMATOID ARTHRITIS SINCE SHE WAS 18 MONTHS

8. What age group are you in?

\_\_\_\_\_ 18 - 25 yrs of age

\_\_\_\_\_ 25 - 35 yrs of age

X 35 - 45 yrs of age

\_\_\_\_\_ 45 - 55 yrs of age

\_\_\_\_\_ 55 - 65 yrs of age

\_\_\_\_\_ over 65 yrs of age

9. Are you a member of any advocacy groups? \_\_\_\_ Yes X No *If so, which groups?*

10. How did you hear of this test?

WORKS FOR DEPT. OF REHAB.

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 110

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☐ Yes ☒ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☒ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

None

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

CP    Hearing loss    Blind  
Birth    since 2003

8. What age group are you in?

\_\_\_\_\_ 18 - 25 yrs of age

\_\_\_\_\_ ☒ 25 - 35 yrs of age

\_\_\_\_\_ 35 - 45 yrs of age

\_\_\_\_\_ 45 - 55 yrs of age

\_\_\_\_\_ 55 - 65 yrs of age

\_\_\_\_\_ over 65 yrs of age

9. Are you a member of any advocacy groups? \_\_\_\_ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

*Staff informed him*

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 111

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☒ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

IT WAS HELPFUL.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

YEAR 1/2 A HALF.

8. What age group are you in?

☐ 18 - 25 yrs of age

☒ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☐ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

THROUGH AIMREE E.

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 112

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

My thoughts were trying it out was a fun experience for my first time. I was kind of confused at first, but once I tried it out I enjoyed it.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

I have a learning disability and visual impaired from birth.

8. What age group are you in?

- ☒ 18 - 25 yrs of age  
☒ 25 - 35 yrs of age  
☐ 35 - 45 yrs of age  
☐ 45 - 55 yrs of age  
☐ 55 - 65 yrs of age  
☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

People's First of California

10. How did you hear of this test?

I heard it through her assistants at the Southside Art center, who is here today.



Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 114

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded
- ☒ Very Confident ☐ Somewhat Confident ☐ Neutral ☐ Somewhat Concerned ☐ Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

☐ Very Easy ☒ Somewhat Easy ☐ Neutral ☐ Somewhat Difficult ☐ Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☒ No
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

☐ Much Easier ☐ Somewhat Easier ☐ About the Same ☐ Somewhat More Difficult ☐ Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*Extremely slow would like to see Braille labels next to rubber markers to indicate race # on Vote Pad, in instruction change verbiage and create a spreadsheet style table to indicate names, and ballot positions, and race numbers.*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

*Totally blind from birth*

8. What age group are you in?

☐ 18 – 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☒ 45 - 55 yrs of age

☐ 55 – 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

*Contact at EDD*

Vote-PAD Certification Test  
**EXIT SURVEY**

**Voter number:** 113

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*Good concept, but too time consuming. Write-ins are too complicated/confusing.*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

*Low vision / legally blind 51 yrs*

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☒ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

*National Federation of the Blind of CA.*

10. How did you hear of this test?

*Society for the Blind & NFBC.*

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 115

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☒ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*It was very easy.*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

*I have multiple sclerosis diagnosed since she was 4 and shes 59 now.*

8. What age group are you in?

☐ 18 - 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☒ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

Anne Evans informed her.

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 116

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☒ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- EASY TO GET LOST ON THE BALLOT.
- BREAKS BETWEEN RACES
- WOULD LIKE A AUDIBLE BEEP BETWEEN RACES.
- CONCERNED ABOUT FULL MARK, AND CONCERNED ABOUT WRITE-INS
- ~~COULD~~ HAD A MAGNIFYING GLASS HELPED.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

PARTIALLY SIGHT, LEGALLY BLIND → 35+ YEARS

8. What age group are you in?

☐ 18 - 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☒ 45 - 55 yrs of age

☐ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

EMAIL FROM MASS EMAIL.



**EXIT SURVEY**Voter number: 117About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No

3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☒ No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?  
Had a glare & could not write easily in the write in Candidates.  
Larger print ballots.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Cancer survivor limited use of hand & limited vision  
6 years limited use of hands.

8 years limited vision

Does not do well standing in line or waiting too long.  
Parking is always a concern at polling places.

8. What age group are you in?

☐ 18 - 25 yrs of age

☐ 25 - 35 yrs of age

☐ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☒ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

Does a radio show "Access Davis" name at show.

10. How did you hear of this test?

Through Election Dept. & County.

**EXIT SURVEY**Voter number: 118About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded *but not convenient w/ writ in*  
☒ Very Confident ☐ Somewhat Confident ☐ Neutral ☐ Somewhat Concerned ☐ Very Concerned  
 (Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy ☒ Somewhat Easy ☐ Neutral ☐ Somewhat Difficult ☐ Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No  
 If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier ☐ Somewhat Easier ☐ About the Same ☒ Somewhat More Difficult ☐ Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

The whole in the plastic was good for filling in the bubble. The size of the write-in whole was too small and it might have been easier with a ball point pen.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

I have <sup>had</sup> cerebral palsey for 63 years and bipolar.

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☐ 45 - 55 yrs of age
- ☒ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

Californians for Disability Rights  
California Disability Community Access  
People First Network

10. How did you hear of this test?

Through email from Susan Barkhill.

Vote-PAD Certification Test  
**EXIT SURVEY**

Voter number: 120

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately?      Yes   X   No
2. Do you feel the Vote-PAD would allowed you to vote independently?   X   Yes      No
3. How confident are you that your vote was accurately recorded  
Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD  
Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment?   X   Yes      No  
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- NOT ENOUGH ROOM TO WRITE IN CANDIDATES  
- PLASTIC MADE IT HARD TO FILL IN ENTIRE BUBBLE.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

NO ARMS, NO LEGS. ~~60 YRS~~ BIRTH.

8. What age group are you in?

       18 - 25 yrs of age

       25 - 35 yrs of age

  X   35 - 45 yrs of age

       45 - 55 yrs of age

       55 - 65 yrs of age

       over 65 yrs of age

9. Are you a member of any advocacy groups?        Yes   X   No *If so, which groups?*

10. How did you hear of this test?

VIA EMAIL.

Vote-PAD Certification Test  
**EXIT SURVEY**

**Voter number:** 121

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No
3. How confident are you that your vote was accurately recorded
- Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned  
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD
- Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Write in box is to small on pad.  
cumbersome for most blind folks.

\* Tone in dex on tape for each race.  
makes it easy to fast forward or Rewind.  
Ballot does not mark # of Race.

\* Tape does not tell you what race overall you are on.  
Tape slow & fiddles.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Blindness for 40 yrs.

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☐ 45 - 55 yrs of age
- ☒ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No *If so, which groups?*

*Cult. Counsel of the blind*

10. How did you hear of this test?

*Work for Dept of Rehab.*

*Dept notification*



Vote-PAD Certification Test  
EXIT SURVEY

Scott Lubeking

Voter number: 129

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? Yes No ✓  
*Would depend on context*
2. Do you feel the Vote-PAD would allowed you to vote independently? Yes No ✓

3. How confident are you that your vote was accurately recorded

Very Confident    Somewhat Confident    Neutral    Somewhat Concerned    Very Concerned  
(Not at all confident)

*Intentionally left marks which would have to be resolved.*

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy    Somewhat Easy    Neutral    Somewhat Difficult    Very Difficult

5. Have you voted on other accessible voting equipment? Yes No

If "yes", *HART Debra Sagawa Automatic Avante*

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier    Somewhat Easier    About the Same    Somewhat More Difficult    Much More Difficult

*Some stuff easier some stuff hard Does Not like the writing style*

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

*This is much more pollworker dependant.  
People can be disenfranchised by poor pollworker training, more so than with other systems I've seen. The pad does not feel right. It's like a toy. I think visually impaired I would feel reluctant to have a*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

*C5-C6 Traumatic Quadraplegic. 35 years.*

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☐ 45 - 55 yrs of age
- ☒ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☐ No If so, which groups? *Maybe - No formal membership but works with several*

10. How did you hear of this test?

*Through "E Mail"*